

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE
APPLICANT(S)

09/937797

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54	/				
5	/						55	/				
6	/						56	/				
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47							97					
48							98					
49							99					
50							100					
TOTAL							TOTAL IND.					
TOTAL							TOTAL DEP.					
TOTAL							TOTAL CLAIMS					
100												

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Claim	Date
Final	Original
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SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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